Howard County Department of Fire and Rescue Services

SPECIAL ORDER

SPECIAL ORDER 2014.51

Maryland Ambulance Voluntary Inspection 2014

EMERGENCY SERVICES BUREAU

Issue Date: **12/2/2014**

Revision Date:

OVERVIEW

The Voluntary Ambulance Inspection Program (VAIP) serves to formally recognize, and make readily apparent to the public, those emergency vehicles in Maryland that are equipped to a standard of excellence as defined by the program's inspection guidelines. Compliance with the VAIP requirements satisfies the requirements for medical director review of ambulance equipment under COMAR Title 30.03.03.03 C(1)(b)(v). The Department of Fire and Rescue Services (Department) personnel will be required to complete the inspection on December 9th, 12th and 15th in accordance with Attachment A.

TOPIC DETAILS

BACKGROUND:

- The current (2014) inspection guidelines, which undergo periodic review, were developed jointly by the Maryland Institute for Emergency Medical Services Systems (MIEMSS), the Maryland State Firemen's Association (MSFA), and the State Emergency Medical Services Advisory Council (SEMSAC), and reflect changes for both Basic Life Support (BLS) and Advanced Life Support (ALS) vehicles. These changes are primarily the result of the updates to BLS and ALS supplies and equipment, to reflect changes in the Maryland Medical Protocols for EMS providers.
- Companies requesting and successfully passing the inspection receive a Certificate of Excellence to display in the station. The certification period will be for two years.
- The inspection involves verification of supply and equipment inventories necessary to adequately care for patients in the pre-hospital setting. Suction and oxygen delivery equipment, both portable and on-board systems, will be tested to ensure their proper and safe operation. Additionally, the Maryland EMS communications equipment will be tested for proper operation.
- In addition to biennial review and revision, these standards will be subject to modification if necessitated by changes to the Maryland Medical Protocols for Emergency Medical Services Providers.

DEFINITIONS AND GUIDELINES:

- <u>Pre-Inspection Information</u>

- All reusable items, especially those that most often must be left with the patient at a hospital (boards, KEDs, etc.), must be clearly marked, due to the fact that patients are often transported to trauma and specialty centers outside the immediate response area. The following minimum information is required if the equipment is to be accounted for and returned to service promptly:
    - Company Name/number (not just initials); and
    - Jurisdiction.

- Personal Protective Equipment (PPE)
    - Each riding member will have his/her own PPE. Should this not be available, the company will supply suitable gear for members responding on that call. This PPE shall meet the requirements stated within the Maryland Fire Service Health and Safety Consensus Standard dated January 1, 2002 in Section .08: *Personal Protective Equipment (PPE) Standards*.
- Non-Latex Equipment
    - All personal protective equipment and patient care equipment and supplies must be non-latex.
- Positive Pressure Demand Valve Resuscitator
    - Positive Pressure Demand Valve Resuscitators are discouraged. If you have a Positive Pressure Demand Valve Resuscitator, it will be inspected to ensure proper working order. There needs to be a constant flow rate of 100% oxygen at 40 LPM (plus or minus 10% error). The inspiratory pressure relief valve must open at 60cm H2O (plus or minus 10% error).
- Safety
    - To prevent injury resulting from the recognized hazard of loose items in the patient compartment we are providing the following information. It is intended that this information will assist you when storage of items in the patient compartment becomes an issue. Delivering EMS requires the use of many individual items of medical equipment and supplies. Ambulance manufacturers and retrofitters do not consistently provide engineered storage for these items. Items may therefore be loosely stored in the patient compartment, becoming projectiles in the event of a near miss, collision or rollover. It is recommended that all loose items not actively in use for patient care shall be stored in a crashworthy fashion. All loose items of greater than nominal weight shall be stored within positively latching compartments with latches and hinges bolted through the frame or otherwise restrained in a crashworthy fashion. Crashworthy systems may not incorporate distensible components such as rubber straps or hook-and loop (e.g.Velcro™) fasteners. The inspector's test for crashworthiness of retention systems other than those governed by an existing standard (e.g. Ambulance Manufactures' Division oxygen cylinder retention standard 003) shall be whether the item can be removed from place without unlatching or unbuckling the retention system."Crashworthy" shall be defined as meaning that supplies, equipment, oxygen systems, patient litters and wheelchairs will remain in place during a serious accident or vehicle rollover.

- Equipment
  - Supplies, devices, tools, etc., shall be stored in enclosed compartments and drawers designed to accommodate the respective items. All medical devices and equipment shall be stowed or properly fastened in/on action area according to the medical device manufacturer's directions. *See* Attachment A.
  - **Hypoallergenic tape**- Usually only the original carton will be labeled as being hypoallergenic; therefore, OIC will determine if acceptable.
  - **Cravats**- If not commercially prepared and packaged, the minimum size is 36"x 36".
  - **N95 Respirator**- N95 needs to be fit tested for a proper fit.
  - **Penlights**- Should be disposable or AA or AAA type.
  - **Maryland Triage Tags**- Should include 25 Maryland triage tags (current) enough red, yellow, green and black ribbon to triage 25 patients. This kit should also include the treatment and transportation area logs available on the MIEMSS website.
  - **Oxygen**- Portable tanks must have at least 300 psi. Portable tanks must be in DOT crash-stable brackets (if located in the patient compartment) and the bracket must be secured with nut and bolt assembly. Cup and yolk assemblies are acceptable if stored inside a secured (latched) cabinet. When the ambulance is in motion, all portable bottles should be secured.
  - **Cylinders** (all sizes)- Steel cylinders with a stamped hydrostatic test date followed by a star is acceptable for 10 years. Without any symbol, it is good for 5 years. An aluminum cylinder is good for 5 years.
  - **Oxygen**- On-board tanks must have at least 300 psi.
  - **Line pressure**- On-board regulator should read 50 psi; if it is less than or greater than 50 psi, it should be plus or minus by 10psi. The gauge may be adjusted if possible or the OIC will be notified.
  - **Road Triangles**- Flares are not an acceptable substitute.
  - **Vehicle stabilization devices**- A set consists of 2 wooden blocks or a set obtained commercially.
  - **Suction catheters**- A minimum of 3 assorted sizes: one must be between 6 and 10 French and one between 12 and 16 French.
  - **Stretcher mattress & pillow**- Split or torn mattresses are unacceptable. Moisture proof protective covers shall be provided for the mattress and for any reusable pillows.
  - **Stair chair** -If it is stored in the patient compartment, it must be secured with non-elastic straps. Loose, heavy objects or equipment, not secured in the patient compartment, could cause injury if the ambulance is in a crash.
  - **Backboards**- If wooden must be free of splinters, cracks, gouges, or sharp edges that could cause injury or harbor blood borne pathogens.
  - **9 ft. straps**- Any equivalent is acceptable. Backboards with clips may use shorter straps as long as the scoop stretcher also has its own straps.
  - **Board splints**- Cloth splints are not acceptable unless they are disposable and clean. IV arm boards are not acceptable as splints. Split or torn splints are unacceptable.

- **5 lb. fire extinguisher** -Should be tagged indicating service date; if new, check label or bottom of cylinder for date. Must be mounted or secured to prevent injury or accidental discharge; may be mounted in outside compartment.
- **Sharps container**- Must be secured to prevent spilling. In BLS units they may be stored in a cabinet. In ALS units they must be in an area that allows easy access (this may be in a cabinet if easily accessible).
- **Portable Suction**- As of 10/1/2009, manufacture will meet the testing standard and offer the full range of catheters.
- **Gastric tubes**- Feeding tubes are acceptable. Suction catheters (usually #8) are acceptable if thumb hole can be occluded. Minimum of 3 sizes recommended.
- **Oxygen Regulator**- Can be separate or in combination with oxygen pressure gauge.
- **Oxygen Regulator**- Can be separate or in combination with oxygen reduction valve.
- **Medications**- All medications & IV solutions should be within the manufacturer's expiration date.
- **Dopamine**- Premixed bags are acceptable.
- **Controlled Access**- DEA controlled substances (Valium, morphine & midazolam) must be under double lock. This approach may take a number of forms reflective of operating requirements, but should be approached systematically. Inventory control tags are not an acceptable locking mechanism.
- **Items with Expiration Dates**- All medical supplies should be within the manufacturer's expiration date.
- **Pneumothorax Kit**- Kit must include a 12 or 14 gauge catheter, Heimlich valve, appropriate connecting tubing, and skin preparation materials. An Asherman chest seal is not acceptable.
- **Linen**-Freshly laundered or disposable linen will be acceptable.
- **Child Safety Seat**- FMVSS-213 must be printed on the manufacturer's label.
- **Colormetric CO2 Devices-** Colormetric CO2 devices will be replaced on all ALS units with a wave form capnograph by 2015 for all secured airway patients.
- **AEDs**- All AEDs purchased after January 1, 2010 must be pediatric capable. All AEDs on EMS transport units must be pediatric capable by July 1, 2014.
- **Required Documents**- Required documents must be current, and may be either a print or electronic version. All should be easily accessible from the patient compartment. The pocket version of the MD Medical Protocols is **not** acceptable.
- **PDR or Equivalent**- This is optional, however must be current within two years; may be electronic.
- **Portable Oxygen Storage**-All portable oxygen cylinders must be secured in a manner that prohibits movement within, or release from, the designated storage area. Any non-commercial storage mechanisms must meet the same standards as commercial crash rated brackets. All units manufactured or purchased after 1/1/2013 must be equipped with a NFPA-(Ambulance) approved crash rated bracket.
- **Cardiac monitor**- Shall have synchronized cardioversion and pacing capabilities.

- **ALS Equipment/Medications**- Equipment and medications should be stocked in accordance with any unscheduled revisions that may occur to the Maryland Medical Protocols for EMS Providers that may be necessitated by medication shortages, equipment recalls, etc.
- **Packaging**- Packaging of medications or IV solutions may vary, but quantities must be met.
- **Pediatric Reference Guide**- Must include equipment and medication dosage based upon age or length, such as chart or tape. It must also include current AHA Pediatric Guidelines.
- **Epi-Pens**- Are not required if a unit is dedicated as ALS. If the unit is used as a BLS and ALS unit, Epi-Pens must be stocked.
- **Biohazard Items**- This item should be provided for each seated position on the unit with a minimum number of two and should be present on the unit at all times. Personally issued gear will not meet this requirement.
- **AED**- Required to meet the BLS First Responder requirement if a monitor/defibrillator is not assigned to the unit. To be considered an ALS Engine, a monitor/defibrillator must be assigned to the unit.
- **Pediatric IV Arm Board**- Must have moisture proof protective cover that is free from rips or tears. Maximum width is 3" and maximum length is 8".
- **IV/Medication Delivery**- Needleless system and safe sharps recommended.
- **BLS Equipment Requirements**- If a unit is in service and staffed exclusively as an ALS ambulance, epinephrine 1:1000 and cardiac monitor supersede BLS adult/pediatric epinephrine auto- injector and AED requirements.
- **12-Lead acquisition device**- Must be available on all ALS transport units. This applies to chase cars or ALS engines if these units are used to upgrade a BLS unit making it an ALS transport unit.
- **Appropriate disinfectant**- Solutions are effective against bloodborne pathogens and those present in other potentially infectious materials as defined by OSHA. These pathogens include, but are not limited to, hepatitis B virus (HBV), human immunodeficiency virus (HIV) and M.tuberculosis (TB).
- **Sphygmomanometers**- Aneroid blood pressure cuffs that are greater than one-year old should be calibrated by a trained technician at least annually and more often if: 1. Recommended by the manufacturer, or 2. Subjected to rough handling.
- **Gloves**- Must meet the emergency medical examination glove requirements of NFPA 1999, Standard on Protective Clothing for Emergency Medical Operations, 2008 edition.
- **Glucometer**- Supplies Kit must include lancets, test strips, alcohol wipes, and band-aids.
- **Climate Control System**- The rear air conditioner should be blowing at a temperature of at least 65 degrees or lower at the air vents.

RESPONSIBILITY:

- The Volunteer Chiefs and Station Captains will ensure that all members under their command are familiar with the contents of this order and work in a collaborative effort to stock their units with the appropriate equipment for the inspection. *See* Attachment A.
- All personnel and/or representatives of the Department will be responsible for adhering to the guidelines outlined in this order.
- The C-Shift Battalion Chiefs will be responsible for the scheduling and rotation of companies through the inspection process. The inspections will occur, tentatively, on December 9, December 12, and December 15, 2014.
- The C-Shift Medical Duty Officers will assist and provide oversight for the VAIP.
- The A-Shift Medical Duty Officers will provide documentation of all aneroid blood pressure cuff calibrations for the LifePak 12 and 15 monitors.
- Equipment orders will go through the normal quartermaster ordering process.
    - The Quartermaster will provide letters from the manufacture for any medication shortages and equipment recalls that would impact the minimal equipment levels for the inspection.

FORMS/ATTACHMENTS/REFERENCES

- Attachment A: Voluntary Ambulance Inspection Program – Seal of Excellence

Approved:

Interim Fire/EMS Chief John S. Butler
Office of the Fire Chief

Maryland Institute for Emergency Medical Services Systems

VOLUNTARY AMBULANCE INSPECTION PROGRAM– SEAL OF EXCELLENCE

Voluntary Ambulance Inspection Program Standards

July 2014

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Voluntary Ambulance Inspection
Program Standards

State of Maryland
Maryland
Institute for
Emergency Medical
Services Systems
653 West Pratt Street
Baltimore, Maryland
21201-1536

Martin O'Malley
Governor

Donald L. DeVries, Jr., Esq.
Chairman
Emergency Medical
Services Board

To EMS Community and Agencies

In February of 2014, the Regional Medical Directors reviewed the revised version of the Voluntary Ambulance Inspection Program (VAIP) - Seal of Excellence. The document reflected the recommendations of the VAIP consensus workgroup that met throughout 2013 and the MIEMSS Regional Medical Directors. The shared goal is to assure that appropriate levels of medications and patient care supplies were available on each unit type. The VAIP standards addressed the minimum medication requirements of the 2014 Maryland Medical Protocols for EMS Providers with the understanding that any EMS Operational Program may stock additional quantities of protocol-compliant supplies or medications to meet the Jurisdictional Medical Director's desires or operational needs.

The Regional Medical Directors unanimously support the VAIP and strongly encourage all EMS Operational Programs to comply with VAIP standards. In any mutual aid situation, compliance with VAIP standards by adjoining EMS Operational Programs will assure that any unit responding will meet or exceed the Maryland VAIP standards.

If you have any questions regarding the additions or revisions contained in the update, please contact Lisa Chervon at the MIEMSS Region III office at 410-706-3996. Thank you for your continued efforts in making the Maryland EMS system a world leader in the delivery of emergency care.

Richard L. Alcorta, MD, FACEP
State EMS Medical Director
Representing the Regional Medical Directors
MIEMSS

The Voluntary Ambulance Inspection Program

The Voluntary Ambulance Inspection Program (VAIP) serves to formally recognize, and make readily apparent to the public, those emergency response vehicles in Maryland that are equipped to a standard of excellence as defined by the program's inspection guidelines. Compliance with the VAIP requirements satisfies the requirements for medical director review of ambulance equipment under COMAR Title 30.03.03.03C(1), which provides:

C. Duties of an EMS Operational Program Medical Director.

(1) The EMS operational program medical director shall...
(b) Approve, participate in, and provide medical expertise for the EMS operational program in:
(v) Timely review and approval of medical equipment used by the EMS operational program to implement the Maryland Medical Protocols for Emergency Medical Services Providers, and
(vi) All aspects of the EMS operational program which impact patient care, including planning, development, and operations

The current (2014) inspection guidelines, which undergo periodic review, were developed jointly by MIEMSS, MSFA, and the State Emergency Medical Services Advisory Council (SEMSAC) and reflect changes for both Basic Life Support (BLS) and Advanced Life Support (ALS) vehicles. These changes are primarily the result of the updates to BLS and ALS supplies and equipment that reflect changes in the *Maryland Medical Protocols for EMS Providers*. Please review the entire document prior to requesting an inspection.

Companies requesting and successfully passing the inspection receive a Certificate of Excellence to display in the station and up to two Certificate of Excellence decals for display on each certified vehicle. The certificate period is for two years.

Prior to inspection, companies will be required to complete the enclosed application, verify that the vehicle has met the DOT inspection criteria within the past year, and certify certain minimum personnel training requirements and staffing standards for each vehicle.

The inspection involves verification of supply and equipment inventories necessary to adequately care for patients in the prehospital setting. Suction and oxygen delivery equipment, both portable and on-board systems, will be tested to ensure their proper and safe operation. Additionally, the Maryland EMS communications equipment will be tested for proper operation.

In addition to biennial review and revision, these standards will be subject to modification if necessitated by changes to the *Maryland Medical Protocols for EMS Providers*.

Additional copies of this document, dated 2014, may be obtained from your MIEMSS Regional Office or downloaded from the MIEMSS website (www.miemss.org). Your MIEMSS Regional Administrator can answer questions you may have regarding the program, assist with pre-inspection checks of your oxygen and suction equipment, and schedule an inspection for your vehicle(s).

To request an inspection, contact the MIEMSS Regional Office serving your area. Contact information for these offices can be found on page 2 of this document.

Regional Offices

Region I

Allegany and Garrett Counties
Office: 301-895-5934 or 301-746-8636
Fax: 301-895-3618
Email: dkitis@miemss.org
Dwayne Kitis, Administrator
Maryland Institute for Emergency Medical Services Systems
116 Main Street, P.O. Box 34
Grantsville, MD 21536

Region II

Frederick and Washington Counties
Office: 301-791-2366 or 301-416-7249
Fax: 301-791-9231
Email: dstamey@miemss.org
David Stamey, Administrator
Maryland Institute for Emergency Medical Services Systems
201 S. Cleveland Avenue, Suite 211
Hagerstown, MD 21740

Region III

Baltimore, Carroll, Harford, Howard, Anne Arundel Counties, and Baltimore City
Office: 410-706-3996
Fax: 410-706-8530
Email: lchervon@miemss.org
jhuggins@miemss.org
Lisa Chervon, Administrator
Jeffrey Huggins, Associate Administrator
Maryland Institute for Emergency Medical Services Systems
653 West Pratt Street
Baltimore, MD 21201-1536

Region IV

Caroline, Cecil, Dorchester, Talbot, Worcester, Wicomico, Queen Anne's, Kent, and Somerset Counties
Office: 410-822-1799, 877-676-9617
Fax: 410-822-0861
Email: jbarto@miemss.org
asierra@miemss.org
John Barto, Administrator
Anna Sierra, Associate Administrator
Maryland Institute for Emergency Medical Services Systems
301 Bay Street Plaza, Suite 306
Easton, MD 21601

Region V

Calvert, Charles, Montgomery, Prince George's, and St. Mary's Counties
Office: 301-474-1485, 877-498-5551
Fax: 301-513-5941
Email: jbratt@miemss.org
arobinson@miemss.org
Jonathan Bratt, Administrator
Amy Robinson, Associate Administrator
Maryland Institute for Emergency Medical Services Systems
5111 Berwyn Road, Suite 102
College Park, MD 20704

Seal of Excellence Application

Date of Application: _____ Date of Inspection: _____

Date Application Received: _____ Date of Expiration: _____

Indicate number to be inspected in space:

_____ Ambulance - BLS _____ Ambulance - ALS

_____ First Response - BLS _____ Chase Car/Engine - ALS

1. Name of Organization: _____
2. Principal Physical Address of the Entity:
   Street Address: _____
   City: _____ State: _____ Zip: _____
   Office Phone: _____ Fax: _____
   Email Address: _____
3. Mailing Address if different than Physical Address:
   Street Address or P.O. Box: _____
   City: _____ State: _____ Zip: _____
4. Name of principal contact person regarding official communications with MIEMSS:
   Name: _____ Title: _____
   Office Telephone: _____ Home Phone: _____
5. Type of Service: (Check One) _____Volunteer _____ Career
   _____Combination (uses both paid and volunteer personnel to provide services)
6. Attach a list of the service's officers, titles, and levels of EMS certification.
7. Attach a copy of the vehicle inspection certificate for each ambulance/vehicle identified on the application that is dated within 12 (twelve) months of the application for inspection, and
   a) Issued by an inspection station located in this state that is licensed under Transportation Article, 823-103, Annotated Code of Maryland OR
   b) Issued by a state-approved maintenance facility
8. Insurance:
   a) If there is insurance applicable to the ambulance or medical service that is the subject of this application, please attach a copy of the policy.
   b) If the ambulance or medical service is operated by a governmental body and is self-insured, please check. _____
9. Attach listing of EMS vehicles (Page 4).

BY MY (OUR) SIGNATURE(S) AFFIXED BELOW I (WE) HEREBY AFFIRM THAT TO THE BEST OF MY (OUR) KNOWLEDGE:

- The fire, rescue, EMS service is qualified to provide service in Maryland and it will take such action as necessary to remain qualified during the period of certification.
- The information given in this application is true and correct to the best of my (our) knowledge, and any fraudulent entry may be considered cause for rejection or subsequent revocation.
- The fire, rescue, EMS service has at least one officer certified to a minimum of Maryland EMT.
- The fire, rescue, EMS service has a sufficient complement of Maryland licensed and/or certified EMS responders to ensure the appropriate level of certified personnel for the unit being inspected (e.g., BLS ambulance - EMT; ALS ambulance - CRT-I/Paramedic) will be in the patient compartment at all times when a patient is in the ambulance.
- All signatures are authorized by the (fire, rescue, EMS) service identified in the application to sign the application form:

Signature _____ Date _____
(Organizational EMS Official)

Printed Name _____ Title _____
(Organizational EMS Official)

Vehicle Information *(A printout listing the same information will be accepted in lieu of completing this page)*

Attach DOT Inspection, Registration & Current Proof of Insurance for each vehicle

Designation Used by EMS/Fire Service	VIN# (print)	License Plate	Vehicle Type (DOT) (Circle One)			
1) _____	_____	_____	I	II	III	Other
2) _____	_____	_____	I	II	III	Other
3) _____	_____	_____	I	II	III	Other
4) _____	_____	_____	I	II	III	Other
5) _____	_____	_____	I	II	III	Other
6) _____	_____	_____	I	II	III	Other
7) _____	_____	_____	I	II	III	Other
8) _____	_____	_____	I	II	III	Other
9) _____	_____	_____	I	II	III	Other
10) _____	_____	_____	I	II	III	Other
11) _____	_____	_____	I	II	III	Other
12) _____	_____	_____	I	II	III	Other
13) _____	_____	_____	I	II	III	Other
14) _____	_____	_____	I	II	III	Other
15) _____	_____	_____	I	II	III	Other
16) _____	_____	_____	I	II	III	Other
17) _____	_____	_____	I	II	III	Other
18) _____	_____	_____	I	II	III	Other
19) _____	_____	_____	I	II	III	Other
20) _____	_____	_____	I	II	III	Other
21) _____	_____	_____	I	II	III	Other
22) _____	_____	_____	I	II	III	Other
23) _____	_____	_____	I	II	III	Other
24) _____	_____	_____	I	II	III	Other
25) _____	_____	_____	I	II	III	Other

(Make copies of original form if additional pages are needed.)

Maryland Voluntary Ambulance Inspection
BLS – First Responder Unit

Company: _____ Fleet ID: _____

VIN: _____ Inspector: _____

Insp Date: Needs Decal: Yes / No (Quantity:___)

Deficiencies	Corrected

Please refer to page 25 of this document for general inspection guidelines that apply to all vehicle types. In addition to meeting these guidelines, the following equipment must be present:

Line #	No. Of Items	Description	Pass	Fail	Notes
		General Supplies			
1	1 ea.	blanket			
2	1 ea.	obstetrical (OB) kit (commercially packaged)			
3	2 ea.	clean linen sheets or mylar blanket suitable for burns			
4	1 kit	Maryland Triage Kit [5]			
5		ANSI 207-2006 class II reflective safety vests for each crew member			
6	1 ea.	current PHMSA Emergency Response Guidebook (ERG) [33]			
7	1 ea.	environmental carbon monoxide alarming device **(OPTIONAL)**			
8		MARK I kits or DuoDote (the quantity and location will be based on the jurisdiction deployment plan) **(OPTIONAL)**			
9		CANA (the quantity and location will be based on the jurisdiction deployment plan) **(OPTIONAL)**			
		Portable First Aid Kit			
10	12 ea.	sterile gauze pads (min. 4" x 4")			
11	4 ea.	sterile dressing (min. 5" x 9")			
12	1 ea.	hemostatic impregnated dressing **(OPTIONAL)** [38]			
13	8 rolls	self-adhering gauze bandages (various sizes 2"- 6")			
14	4 ea.	cravats (triangular bandages) [2]			
15	2 ea.	cold packs			
16	1 ea.	bottle normal saline and/or sterile water (500cc) [27]			
17	1 ea.	commercially available tourniquet capable of stopping arterial blood flow			
18	2 rolls	1" medical tape (hypoallergenic tape must be available) [1]			
19	1 ea.	ring cutter			
20	1 ea.	bandage scissors at least 5 1/2" or rescue shears 5 1/2"			
21	1 ea.	penlight (narrow beam flashlight acceptable) [4]			
22	1 ea.	stethoscope (must be pediatric capable)			
23	1 ea.	adult BP cuff (regular) [50]			
24	1 ea.	adult BP cuff (large)[50]			

Maryland Voluntary Ambulance Inspection
BLS – First Responder Unit

Line #	No. Of Items	Description	Pass	Fail	Notes
		Portable First Aid Kit (Continued)			
25	1 ea.	child BP cuff [50]			
26	1 ea.	pulse oximeter (pediatric & adult sensor recommended) **(OPTIONAL)**			
27	6 pairs.	exam gloves non-latex (assorted sizes) [52]			
28		Aspirin -325 mg chewable [27]			
29	1 ea.	Epinephrine auto-injectors, adult or equivalent **(OPTIONAL)** [27, 39]			
30	1 ea.	Epinephrine auto-injectors, child or equivalent **(OPTIONAL)** [27, 39]			
31	2 ea.	glucose paste [27]			
32		Naloxone (Narcan) - 4 mg (1 mg/1 mL concentration) **(OPTIONAL)** [27]			
33	2 ea.	intranasal medication delivery device **(OPTIONAL)**			
34	1 ea.	portable sharps container (optional for jurisdictions using a needleless medication delivery system)			
35	1 ea.	clean kit large enough to carry above equipment			
		AED			
36	1 ea.	AED [32, 44]			
37	2 ea.	set of adult pads [27]			
38	1 ea.	set pediatric pads for all pediatric capable AEDs [27]			
39	1 ea.	spare battery if required			
40	1 ea.	razor			
41	1 ea.	washcloth or towel appropriate for drying torso **(OPTIONAL)**			
		Biohazard Items			
42		surgical masks [43]			
43		gowns (impenetrable to blood and/or body fluids) [43]			
44		eye/facial shield (may be combined with surgical masks)[43]			
	NOTE: Items 42 - 44 may be combined into an infection control kit carried on the unit.				
45	1 ea.	particulate respirator N95 or greater for each crew member [3, 43]			
46	1 ea.	appropriate disinfectant [49]			
		Oxygen Supplies			
47	2 ea.	adult nasal cannula			
48	2 ea.	adult non-rebreather			
49	2 ea.	pediatric nasal cannula			
50	2 ea.	pediatric non-rebreather			
51	1 ea.	adult (1000-1200 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
52	1 ea.	transparent adult face mask			

Maryland Voluntary Ambulance Inspection
BLS – First Responder Unit

Line #	No. Of Items	Description	Pass	Fail	Notes
		Oxygen Supplies (Continued)			
53	1 ea.	child (750 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
54	1 ea.	infant (450-500 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
55	1 set	pediatric transparent face mask (neonate through small adult; a set is 4 sizes)			
56	1 set	oropharyngeal airway (newborn through large adult; a set is 6 sizes)			
57	1 set	nasopharyngeal airways (186F through 34F; a set is 6 sizes) [27]			
58	1 tube or 6 packs	water soluble lubricant [27]			
59	1 ea.	clean kit large enough to carry above equipment			
		Portable Oxygen Kit			
60	2 ea.	medical oxygen cylinder with at least 300 L capacity, (required "E," "D," or super D size) [6] (#) YEAR _____ PSI _____ (#2) YEAR _____ PSI _____			
		all portable bottles must be secured according to current standards			
		cylinder properly color-coded (green = steel, unpainted = brushed metal for aluminum or stainless steel)			
		free of grease, oil, or other flammable organic material			
		passed hydrostatic testing within the past 5 years [7]			
		regulator shall have a pressure gauge to indicate the pressure of oxygen remaining in the cylinder (not gravity dependent) [22]			
		a variable flow valve and a flowmeter capable of delivering at least 15 LPM, with a dial-down rate to a minimum of 2 LPM			
		accurate within 1 LPM when setting equal to or less than 5 LPM TEST READING OF _____LPM WHEN FLOWMETER SET @ 4 LPM (3 - 5 LPM)			
		accurate within 1.5 LPM when setting between 6 and 10 LPM TEST READING OF _____LPM WHEN FLOWMETER SET @ 10 LPM (8.5 - 11.5 LPM)			
	.	accurate within 2 LPM when setting equal to or greater than 15 LPM TEST READING OF _____LPM WHEN FLOWMETER SET @ 15 LPM (13 - 17 LPM)			

Maryland Voluntary Ambulance Inspection
BLS – First Responder Unit

Line #	No. Of Items	Description	Pass	Fail	Notes
		Portable Suction Unit			
61	1 ea.	manual pumps must meet the same testing requirements as a battery operated suction device, and have the following: [20]			
		all of the required manufacturer parts			
		adult soft tip catheter			
		adult hard tip catheter			
		pediatric catheter			
		if using battery-powered suction unit, it must be capable of operating continuously under suction for at least 20 minutes with a rigid suction tip			
		must be able to develop 11.81 inches of water vacuum (300 mm/Hg) within 4 seconds of clamping TEST READING @ 4 sec. _____in/Hg			
		a free air flow of at least 20 LPM at the end of the suction tube TEST READING _____ LPM			
62		assorted catheters 6F-16F & rigid suction tips [12]			

Maryland Voluntary Ambulance Inspection
BLS – Ambulance

Company: _____ Fleet ID: _____

VIN: _____ Inspector: _____

Insp Date: Needs Decal: Yes / No (Quantity:___)

Deficiencies	Corrected

Please refer to page 25 of this document for general inspection guidelines that apply to all vehicle types. In addition to meeting these guidelines, the following equipment must be present:

Line #	No. Of Items	Description	Pass	Fail	Notes
		General Supplies			
1	24 ea.	sterile gauze pads (min. 4" x 4")			
2	12 ea.	sterile dressings (min. 5" x 9")			
3	2 ea.	multi-trauma dressings (min 10" x 12")			
4	1 ea.	occlusive dressing (any appropriate material will suffice)			
5	12 ea.	cravats (triangular bandages) [2]			
6	12 rolls	self-adhering gauze bandages (various sizes 2" - 6")			
7	2 liters	sterile saline or sterile water [27]			
8	2 ea.	clean linen sheet or mylar blanket suitable for burns			
9	2 ea.	obstetrical (OB) kit (commercially packaged)			
10	10 ea.	cold packs			
11	2 ea.	hot packs **(OPTIONAL)**			
12	1 ea.	commercially available tourniquet capable of stopping arterial blood flow			
13	1 ea.	hemostatic impregnated dressing **(OPTIONAL)** [38]			
14	2 rolls	2" medical tape (some hypoallergenic tape must be available) [1]			
15	2 rolls	1" medical tape (some hypoallergenic tape must be available) [1]			
16	1 box	assorted bandage strips			
17	8	acetaminophen (Liquid form, 160 mg/5 mL, single unit dose)			
18	1 ea.	activated charcoal without sorbitol - 100 g [27 & 40]			
19		Aspirin - 325 mg chewable [27]			
20	1 ea.	Epinephrine auto-injectors, adult or equivalent [27, 39 & 42]			
21	1 ea.	Epinephrine auto-injectors, pediatric or equivalent [27, 39 & 42]			
22	2 ea.	glucose paste [27]			
23		Naloxone (Narcan) - 4mg (1 mg/1 mL concentration) [27]			
24	2 ea.	intranasal medication delivery device			
25	1 ea.	penlight (narrow beam flashlight acceptable) [4]			
26	1 ea.	bandage scissors at least 5 1/2" or rescue shears 5 1/2"			
27	1 ea.	stethoscope (must be pediatric capable)			

Maryland Voluntary Ambulance Inspection
BLS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
		General Supplies (Continued)			
28	1 ea.	adult BP cuff (regular) [50]			
29	1 ea.	adult BP cuff (large) [50]			
30	1 ea.	child BP cuff [50]			
31	1 ea.	infant BP cuff [50]			
32	1 ea.	pulse oximeter (pediatric & adult sensor)			
33	1 ea.	non invasive carbon monoxide patient monitoring device (pediatric & adult sensor) (**OPTIONAL**)			
34	1 ea..	digital thermomemeter with disposable probe covers			
35	1 ea.	glucometer with required supplies (required if jurisdiction participates) [27, 53]			
36	1 ea.	urinal			
37	1 ea.	bedpan			
38	1 ea.	facial or toilet tissue			
39	1 ea.	Maryland triage tag kit [5]			
40	2 ea.	IV solution hangers			
41	1 ea.	Maryland Medical Protocols for EMS Providers[33]			
42		soft restraints (If cravats are used, 2 additional cravats need to be added to the current count for a total of 14)			
43		MARK I kits or DuoDote (the quantity and location will be based on the jurisdiction deployment plan) (**OPTIONAL**)			
44		CANA (the quantity and location will be based on the jurisdiction deployment plan) (**OPTIONAL**)			
45	1 ea.	PDR or equivalent index [34] (**OPTIONAL**)			
		Oxygen Supplies			
46	2 ea.	adult nasal cannula			
47	2 ea.	adult non-rebreather			
48	2 ea.	pediatric nasal cannula			
49	2 ea.	pediatric non-rebreather			
50	2 ea.	adult (1000-1200 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
51	2 ea.	transparent adult face mask			
52	2 ea.	child (750 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
53	2 ea.	infant (450-500 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			

Maryland Voluntary Ambulance Inspection
BLS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
Oxygen Supplies (Continued)					
54	1 set	pediatric transparent face mask (neonate through small adult; a set is 4 sizes)			
55	1 set	oropharyngeal airway (newborn through large adult; a set is 6 sizes) [27]			
56	1 set	nasopharyngeal airways (18F through 34F; a set is 6 sizes) [27]			
57	1 tube or 6 packs	water soluble lubricant			
Linen Supplies					
58	4 ea.	sheets [29]			
59	2 ea.	towels [29]			
60	2 ea.	blankets, of cotton or other non-conductive material[29]			
61	1 ea.	pillow (non absorbent or disposable) [13, 29]			
62	2 ea.	pillow case [29]			
Sanitation Standards/Biohazard Items					
63	1 box	exam gloves non-latex (assorted sizes) [52]			
64	2 ea.	basins or convenience bag			
65	1 ea.	particulate respirator N95 or greater for each crew member [3, 43]			
66	1 ea.	appropriate disinfectant [49]			
67		surgical masks [43]			
68		gowns (impenetrable to blood and/or body fluids) [43]			
69		eye/facial shield (may be combined with surgical masks) [43]			
	NOTE: Items 67-69 may be combined into an infection control kit carried on the ambulance.				
70	5 ea.	appropriate plastic, sealable bags for biohazard items, either red bags or bags with biohazard stickers			
71		portable sharps container (required for jurisdictions participating in the optional supplemental IV program)			
72	1 ea.	suitable container for trash and soiled supplies secured and covered			
73		first-aid supplies stored in a clean container/environment			
74		ambulance interior clean and disinfected			
75		secure container to safely dispose of sharps [19]			
76		airway & oxygen devices must be separately wrapped or stored to maintain cleanliness			
AED					
77	1 ea.	AED [32, 44]			
78	2 ea.	sets of adult pads			
79	1 ea.	set of pediatric pads			
80	1 ea.	spare battery if required.			
81	1 ea.	razor			
Portable First-Aid Kit					
82	12 ea.	sterile gauze pads (min. 4" x 4")			
83	4 ea.	sterile dressings (min. 5" x 9")			

Maryland Voluntary Ambulance Inspection
BLS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
		Portable First-Aid Kit (Continued)			
84	8 rolls	self-adhering gauze bandages (various sizes 2" - 6")			
85	4 ea.	cravats (triangular bandages) [2]			
86	2 rolls	1" medical tape (some hypoallergenic tape must be available)[1]			
87	1 ea.	commercially available tourniquet capable of stopping arterial blood			
88	1 ea	hemostatic impregnated dressing (OPTIONAL)			
89	1 set	oropharyngeal airways (newborn through large adult; a set is 6 sizes)			
90	1 set	nasopharyngeal airways (18F through 34F; a set is 6 sizes)			
91	1 tube or 6 packs	water soluble lubricant			
92	1 ea.	ring cutter			
93	1 ea.	bandage scissors at least 5 1/2" or rescue shears 5 1/2"			
94	1 ea.	penlight (narrow beam flashlight acceptable)[4]			
95	1 ea.	stethoscope (must be pediatric capable)			
96	1 ea.	adult BP cuff (regular)[50]			
97	6 pairs	exam gloves non-latex (assorted sizes) [52]			
98	1 ea.	clean kit large enough to carry above equipment			
		Portable Oxygen			
99	2 ea.	medical oxygen cylinder with at least 300 L capacity, (required "E," "D," or Super D size) (#1) YEAR _____PSI _____ (#2) YEAR _____ PSI _____			
		all portable cylinders must be secured according to current standards			
		cylinder properly color-coded (green = steel, unpainted = brushed metal for aluminum or stainless steel)			
		free of grease, oil, or other flammable organic material			
		passed hydrostatic testing within the past 5 years [7]			
		regulator shall have a pressure gauge to indicate the pressure of oxygen remaining in the cylinder (not gravity dependent) [22]			
		a variable flow valve and a flowmeter capable of delivering at least 15 LPM, with a dial-down rate to a minimum of 2 LPM			
		accurate within 1 LPM when setting equal to or less than 5 LPM TEST READING OF _____LPM WHEN FLOWMETER SET @ 4 LPM (3 - 5 LPM)			
		accurate within 1.5 LPM when setting between 6 and 10 LPM TEST READING OF _____ LPM WHEN FLOWMETER SET @ 10 LPM (8.5 - 11.5 LPM)			
		accurate within 2 LPM when setting equal to or greater than 15 LPM TEST READING OF _____LPM WHEN FLOWMETER SET @ 15 LPM (13 - 17 LPM)			

Maryland Voluntary Ambulance Inspection
BLS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
		On-Board Installed Piped Oxygen			
100	1 ea.	installed piped oxygen of at least 3000 L capacity [8]			
		cylinder properly color-coded (green = steel, unpainted = brushed metal for aluminum or stainless steel)			
		free of grease, oil, or other flammable organic material			
		passed hydrostatic testing within the past 5 years [7]			
		regulator shall have a pressure gauge to indicate the pressure of oxygen remaining in the cylinder [22]			
		regulator shall have a reducing valve limiting line pressure to 50 psi [9 & 23]			
		at least one oxygen wall outlet with plug-in variable flow valve and flow meter capable of delivering at least 15 LPM, with a dial-down rate to a minimum of 2 LPM			
		accurate within 1 LPM when setting equal to or less than 5 LPM TEST READING OF _____LPM WHEN FLOWMETER SET @ 4 LPM (3 - 5 LPM)			
		accurate within 1.5 LPM when setting between 6 and 10 LPM TEST READING OF _____LPM WHEN FLOWMETER SET @ 10 LPM (8.5 - 11.5 LPM)			
		accurate within 2 LPM when setting equal to or greater than 15 LPM TEST READING OF _____LPM WHEN FLOWMETER SET @ 15 LPM (13 - 17 LPM)			
		Portable Suction Unit			
101	1 ea.	portable suction unit, battery-powered capable of operating continuously under suction for at least 20 minutes with a rigid suction tip			
		must be able to develop 11.81 inches of water vacuum (300 mm/Hg) within 4 seconds of clamping TEST READING @ 4 sec. _____in/Hg			
		a free air flow of at least 20 LPM at the end of the suction tube TEST READING _____ LPM			
		On-Board Suction			
102		on-board suction, fixed system			
		adjustable suction force			
		must be able to develop 11.81 inches of water vacuum (300 mm/Hg) within 4 seconds of clamping TEST READING @ 4 sec. _____in/Hg			
		a free air flow of at least 20 LPM at the end of the suction tube TEST READING _____ LPM			
103		assorted catheters 6F-16F & rigid suction tips [12]			

Maryland Voluntary Ambulance Inspection
BLS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
		Carrying Devices			
104	1 ea.	cot with mattress, four wheels, and adjustable head position [13]			
105		three safety straps with integrated shoulder harness			
106	1 ea.	stair chair [14]			
		Immobilization Equipment			
107	2 ea.	full spinal immobilization device that meets OSHA standards [15]			
108	6 ea.	9' straps or equivalent to immobilize 2 patients on long boards [16]			
109	2 sets	head immobilization device (head blocks, blanket roll)			
110	2 sets	extrication collars (5 sizes per set; or 2 adult and 2 pediatric adjustable collars)			
111	1 ea.	half spinal immobilization device, with appropriate straps, that meets OSHA standards [15]			
112	1 ea.	orthopedic stretcher			
113	1 ea.	adult leg traction splint with ankle hitch			
114	1 ea.	pediatric leg traction splint with ankle hitch			
115	2 ea.	padded board splints (15" x 3") (bio-safe) [17]			
116	2 ea.	padded board splints (36" x 3") (bio-safe) [17]			
117	2 ea.	padded board splints (54" x 3") (bio-safe) [17]			
118	1 ea.	pediatric immobilization board **(OPTIONAL)**			
		Safety Equipment			
119	1 ea.	child safety seat (meets federal specifications FMVSS-213) [30]			
120	1 ea.	fire extinguisher (5 lb. multipurpose dry chemical) [18]			
121	2 ea.	portable hand lights assigned to unit			
122	1 ea.	"NO SMOKING" sign in patient compartment			
123	3 ea.	reflective road hazard triangles or 3 small traffic cones [10]			
124		restraint devices in working order for all seated positions in patient's compartment			
125	1 ea.	ANSI 207-2006 class II reflective safety vests for each crew member			
126	1 ea.	environmental carbon monoxide alarming device **(OPTIONAL)**			
127	1 ea.	current PHMSA Emergency Response Guidebook (ERG) [33]			

Maryland Voluntary Ambulance Inspection
BLS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
Extrication Equipment					
	The following is the minimum extrication equipment that must be available at all times.				
128	1 ea.	open-ended adjustable wrench			
129	1 ea.	screwdriver, standard slot blade			
130	1 ea.	screwdriver, Phillips type			
131	1 ea.	pliers, channel lock, adjustable			
132	1 ea.	pliers, self-locking (vise grips)			
133	1 ea.	hammer or flathead axe			
134	1 ea.	spring-loaded punch			
	The following additional equipment is recommended if you do not have an emergency vehicle capable of providing extrication support within 10 minutes.				
135	1 set	vehicle stabilization devices (commercially available devices or two 4x4 wooden blocks) [11]			
136	1 ea.	bolt cutter, with 1-1/4" jaw opening			
137	1 ea.	portable power jack and spreader tool			
138	1 ea.	shovel, 49" with pointed blade			
139	1 ea.	flat head fire ax or equivalent			
140	1 ea.	halligan tool or equivalent. Refer to COMAR Section 11.14.02 DOT Standards			
Ambulance Vehicle					
141		functional climate control system (both heating and cooling) [55]			
142		functional emergency warning lights			
143		functional emergency audible warning devices (not horn)			
144		functional head, tail, and signal lights			
145		all latching mechanisms in patient compartment, including bench seat, must be functional			
146		all patient compartment cabinets must be free of sharp or broken edges			

Maryland Voluntary Ambulance Inspection
ALS – Ambulance

Company: _____ Fleet ID: _____

VIN: _____ Inspector: _____

Insp Date: Needs Decal: Yes / No (Quantity:___)

Deficiencies	Corrected

Please refer to page 25 of this document for general inspection guidelines that apply to all vehicle types. In addition to meeting these guidelines, the following equipment must be present:

Line #	No. Of Items	Description	Pass	Fail	Notes
1		BLS Ambulance Seal of Excellence requirements met [47]			
		ALS Equipment			
2	1 ea.	cardiac monitor/defibrillator with quick look capability (adult and pediatric) [36, 48]			
3	2 ea.	adult multi function pads [27]			
4	2 ea.	pediatric multi function pads [27]			
5	1 set	monitoring cables			
6	30	monitoring electrodes (adult & pediatric)			
7	1 ea.	spare monitor/defib batteries and/or on-board charging system			
8	1 ea.	spare EKG paper			
9	1 ea.	pulse oximeter (pediatric & adult sensor required) [35]			
10	1 ea.	ICD donut magnet			
11	1 ea.	glucometer kit [27, 53]			
12	2 ea.	CPAP Device and all manufacturer-specific supplies			
13	2 ea.	in-line nebulizers **(OPTIONAL)** (required by July 2015)			
14	1 ea.	ventilator (required if jurisdiction participates in pilot or optional protocol program)			
15		gastric tubes (8F & various sizes 10F - 16F adult) [21, 27]			
16	1 ea.	tapered tip lavage syringe - 30 cc (minimum) size			
17	2 ea.	pneumothorax kit [27, 28]			
18	1 ea.	pediatric reference guide [41]			
		Medication & Delivery Devices [24, 27 & 46]			
Packing of medications or IV solutions may vary but quantities must be met.					
19		Adenosine - 30 mg			
20		Albuterol - 20 mg			
21		Aspirin - 325 mg chewable			
22		Atropine Sulfate - 3 mg			
23	2 ea.	Multi-dose Vial of Atropine - 8 mg			
24		Atrovent (Ipratropium) - 500 ug			
25		Calcium chloride - 2 g			

Maryland Voluntary Ambulance Inspection
ALS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
		Medication & Delivery Devices [24, 27 & 46] (Continued)			
26		Dexamethasone - 20 mg			
27		Dextrose 50% - 50 g			
28		Diltiazem - 50 mg			
29		Diphenhydramine (Benadryl) - 50 mg			
30		Dopamine - 400 mg [25]			
31		Epinephrine 1:10,000 - 6 mg			
32		Epinephrine 1:1,000 - 3 mg			
33		Fentynal - 400 mcg [26] (required if using optional supplemental protocol)			
34	3 ea.	Glucagon - 1 mg each			
35		Haloperidol (Haldol) - 10 mg			
36		Hydroxycobalamin (the quantity and location will be based on the jurisdiction deployment plan) **(OPTIONAL)**			
37		Lidocaine 2% - 600 mg			
38		Lidocaine 4% - 8 ml			
39		Midazolam - 20 mg [26]			
40		Morphine Sulfate - 40 mg [26]			
41		Naloxone (Narcan) - 5 mg			
42	2 ea.	Nebulizers			
43	1 ea.	Nitroglycerin - Spray/Tablet Bottle			
44		Nitro Paste and applicator - 1 g			
45		Ondansetron (Zofran) - 16 mg			
46		Sodium Bicarbonate - 150 mEq			
47		Terbutaline - 1 mg			
		RSI Medications (required if jurisdiction participates in pilot or optional protocol program)			
48		Etomidate - 40 mg			
49		Succinylcholine - 200 mg			
50		Vecuronium - 10 mg			
51		Ketamine - 800 mg			
52	1 ea.	controlled access system [26]			
53	4 ea.	1 cc syringes			
54	2 ea.	3-5 cc syringes			
55	2 ea.	18 or 19 g blunt needles			
56	2 ea.	21 g needles (1 1/2 inches appropriate for IM injection)			
57	2 ea.	10 cc syringes			
58	2 ea.	intranasal medication delivery device			

Maryland Voluntary Ambulance Inspection
ALS – Ambulance

Line #	No. Of Items	Description	Pass	Fail	Notes
		Intravenous Equipment & Supplies [27 & 46]			
59	4 ea.	IV catheters (gauges 14, 16, 18, 20, 22, 24)			
60	2 ea.	IO needles (15g & 18g if manual)			
61	3 sets	IV admins. sets (2 capable 10-15 drops per min and 1 capable of 60 drops per min or variable flow sets)			
62	2 ea.	1000 cc bags Ringers Lactate [40]			
63		site preparation materials			
64	1 ea.	adult IV arm board			
65	1 ea.	pediatric IV arm board [37]			
66	2 ea.	Normal saline (for saline lock) **(OPTIONAL)**			
67	2 ea.	saline lock **(OPTIONAL)**			
		blood draw supplies (required if jurisdiction performs this skill)			
68	3 ea.	blood tubes (color of tube tops may vary by jurisdiction)			
69	3 ea.	blood tubes with anticoagulant (color of tube tops may vary by jurisdiction)			
70	2 ea.	vacutainers			
71	1 ea.	portable sharps container			
72	2 ea.	3 way Stop Cocks with extension tubing			
73	2 ea.	non-coring right angle needle (e.g., Huber Needles)			
		Intubation Kit [27]			
74	1 set	Miller blades (0, 1, 2, 3, 4)			
75	1 set	McIntosh blades (1, 2, 3, 4)			
76	1 ea.	large laryngoscope handle with spare batteries			
77	1 ea.	small laryngoscope handle with spare batteries **(OPTIONAL)**			
78	1 ea.	spare laryngoscope bulbs **(OPTIONAL)**			
79	2 ea.	ET tubes cuffed (6, 7, 8, 9) [27]			
80	2 ea.	ET tubes uncuffed (2.5, 3, 3.5, 4, 4.5, 5, 5.5) [27]			
81	1 ea.	flexible trachael tube guide **(OPTIONAL)**			
82	2 ea.	adult stylette			
83	2 ea.	pediatric/infant stylette			
84	2 ea.	roll 1" medical tape			
85	2 ea.	10 cc syringes			
86	1 ea.	large Magill forceps			
87	1 ea.	small Magill forceps			
88	1 ea.	water soluble lubricant (1 tube or 6 packs)			
89	1 ea.	end tidal carbon dioxide detector (electronic or colorometric) pediatric and adult[31]			
90	1 set	non-latex pharyngeal tube airway device (all sizes per protocol)			
91	1 ea.	ET tube holders			
92	1 ea.	suction device for meconium			
93	1 ea.	BAAM (Beck Airway-Airflow Monitor)			
94	1 ea.	esophageal detection device **(OPTIONAL)**			

Maryland Voluntary Ambulance Inspection
ALS Chase

Company: _____ Fleet ID: _____

VIN: _____ Inspector: _____

Insp Date: Needs Decal: Yes / No (Quantity:___)

Deficiencies	Corrected

Please refer to page 25 of this document for general inspection guidelines that apply to all vehicle types. In addition to meeting these guidelines, the following equipment must be present:

Line #	No. Of Items	Description	Pass	Fail	Notes
		General Supplies			
1	1 ea.	obstetrical (OB) kit (commercially packaged)			
2	1 ea.	blanket [29]			
3	1 ea.	Maryland Medical Protocols for EMS Providers [33]			
4	1 kit	Maryland Triage Tag Kit [5]			
5	1 ea.	ANSI 207-2006 class II reflective safety vests for each crew member			
6	1 ea.	current PHMSA Emergency Response Guidebook (ERG) [33]			
7	1 ea.	environmental carbon monoxide alarming device **(OPTIONAL)**			
8		MARK I kits or DuoDote (the quantity and location will be based on the jurisdiction deployment plan) **(OPTIONAL)**			
9		CANA (the quantity and location will be based on the jurisdiction deployment plan) **(OPTIONAL)**			
10	1 ea.	PDR or equivalent index **(OPTIONAL)** [34]			
		Biohazard Items			
11		surgical masks [43]			
12		gowns (impenetrable to blood and/or body fluids) [43]			
13		eye/facial shield (may be combined with surgical masks) [43]			
	NOTE: Items 11-13 may be combined into an infection control kit carried on the unit				
14	1 ea.	particulate respirator N95 or greater for each crew member [3, 43]			
15	1 ea.	appropriate disinfectant [49]			
		Portable First Aid Kit			
16	12 ea.	sterile gauze pads (min. 4" x 4")			
17	2 rolls	1" medical tape (hypoallergenic tape must be available) [1]			
18	4 ea.	cravats (triangular bandages) [2]			
19	1 ea.	ring cutter			
20	1 ea.	stethoscope (must be pediatric capable)			
21	1 ea.	adult BP cuff (regular) [50]			
22	1 ea.	adult BP cuff (large)[50]			
23	1 ea.	child BP cuff [50]			
24	1 ea.	infant BP cuff [50]			

Maryland Voluntary Ambulance Inspection
ALS Chase

Line #	No. Of Items	Description	Pass	Fail	Notes
Portable First Aid Kit (Continued)					
25	1 ea.	bandage scissors at least 5 1/2" or rescue shears 5 1/2"			
26	1 ea.	penlight (narrow beam flashlight acceptable) [4]			
27	8 rolls	self-adhering gauze bandages (various sizes 2" - 6")			
28	4 ea.	sterile dressings (min. 5" x 9")			
29	6 pairs	exam gloves non-latex (assorted sizes) [52]			
30	2 ea.	cold packs			
31	1 ea.	bottle normal saline and/or sterile water (500 cc) [27]			
32	1 ea.	commercially available tourniquet capable of stopping arterial blood			
33	1 ea.	hemostatic impregnated dressing (OPTIONAL) [38]			
34	1 ea.	clean kit large enough to carry above equipment			
ALS Equipment					
35		emergency communication compatible			
36	1 ea.	cardiac monitor/defibrillator with quick look capability (adult and pediatric) [36, 48]			
37	2 ea.	adult multi function pads [27]			
38	2 ea.	pediatric multi function pads [27]			
39	1 set	monitoring cables			
40	30	monitoring electrodes (adult & pediatric)			
41	1 ea.	spare monitor/defib batteries and/or on-board charging system			
42	1 ea.	spare EKG paper			
43	1 ea.	pulse oximeter (pediatric & adult sensor required) [35]			
44	1 ea.	ICD donut magnet			
45	1 ea.	glucometer kit [27, 53]			
46	2 ea.	CPAP Device and all manufacturer-specific supplies			
47	2 ea.	in-line nebulizers **(OPTIONAL)** (required by July 2015)			
48	1 ea.	ventilator (required if jurisdiction participates in pilot or optional protocol program)			
49	1 ea.	gastric tubes (8F & various sizes 10F - 16F adult) [21, 27]			
50	1 ea.	tapered tip lavage syringe - 30 cc (minimum) size			
51	2 ea.	pneumothorax kit [28]			
52	1 ea.	pediatric reference guide [41]			
Medications & Delivery Devices [24, 27 & 46]					
Packing of medications or IV solutions may vary but quantities must be met.					
53		Adenosine - 30 mg			
54		Albuterol - 20 mg			
55		Aspirin - 325 mg chewable			
56		Atropine Sulfate - 3 mg			
57	2 ea.	multi-dose vials of Atropine - 8 mg			

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Line #	No. Of Items	Description	Pass	Fail	Notes
		Medications & Delivery Devices [24, 27 & 46] **(Continued)**			
58		Atrovent (Ipratropium) - 500 ug			
59		Calcium chloride - 2 g			
60		Dexamethasone - 20 mg			
61		Dextrose 50% - 50 g			
62		Diltiazem - 50 mg			
63		Diphenhydramine (Benadryl) - 50 mg			
64		Dopamine - 400 mg [25]			
65		Epinephrine 1:10,000 - 6 mg			
66		Epinephrine 1:1,000 - 3 mg			
67		Fentynal - 400 mcg [26] (required if using optional supplemental protocol)			
68	3 ea.	Glucagon - 1 mg each			
69		Haloperidol (Haldol) - 10 mg			
70		Hydroxycobalamin (the quantity and location will be based on the jurisdiction deployment plan) (**OPTIONAL**)			
71		Lidocaine 2% - 600 mg			
72		Lidocaine 4% - 8 ml			
73		Midazolam - 20 mg [26]			
74		Morphine Sulfate - 40 mg [26]			
75		Naloxone (Narcan) - 5 mg			
76	2 ea.	Nebulizers			
77	1 ea.	Nitroglycerin - Spray/Tablet Bottle			
78		Nitro Paste and applicator - 1 g			
79		Ondansetron (Zofran) - 16 mg			
80		Sodium Bicarbonate - 150 mEq			
81		Terbutaline - 1 mg			
		RSI Medications (required if jurisdiction participates in pilot or optional protocol program)			
82		Etomidate - 40 mg			
83		Succinylcholine - 200 mg			
84		Vecuronium - 10 mg			
85		Ketamine - 800 mg			
86	1 ea.	controlled access system [26]			
87	4 ea.	1 cc syringes			
88	2 ea.	3-5 cc syringes			
89	2 ea.	18 or 19 g blunt needles			
90	2 ea.	21g or 22g needles (1 1/2 inches appropriate for IM injection)			
91	2 ea.	intranasal medication delivery device			
92	2 ea.	10 cc syringes			

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Line #	No. Of Items	Description	Pass	Fail	Notes
		Intravenous Equipment & Supplies [27 & 46]			
93	4 ea.	IV catheters (gauges 14, 16, 18, 20, 22, 24)			
94	2 ea.	IO needles size (15g & 18g if manual)			
95	3 sets	IV admin. Sets (2 capable 10-15 drops per min and 1 capable of 60 drops per min or variable flow rate)			
96	2 ea.	1000 cc bags Ringers Lactate [40]			
97		site preparation materials			
98		normal saline (for saline lock) (**OPTIONAL**)			
99		saline lock (**OPTIONAL**)			
		blood draw supplies (required if jurisdiction performs this skill)			
100	3 ea.	blood tubes (color of tube tops may vary by jurisdiction)			
101	3 ea.	blood tubes with anticoagulant (color of tube tops may vary by jurisdiction			
102	2 ea.	vacutainers			
103	1 ea.	portable sharps container			
104	2 ea.	3 way Stop Cocks with extension tubing			
105	2 ea.	non-coring right angle needle (e.g., Huber Needles)			
106	1 ea.	adult IV arm board			
107	1 ea.	pediatric IV arm board [37]			
		Intubation Kit [27]			
108	1 set	Miller blades (0, 1, 2, 3, 4)			
109	1 set	McIntosh blades (1, 2, 3, 4)			
110	1 ea.	large laryngoscope handle with spare batteries			
111	1 ea.	small laryngoscope handle with spare batteries (**OPTIONAL**)			
112	1 ea.	spare laryngoscope bulbs (**OPTIONAL**)			
113	2 ea.	ET tubes cuffed (6, 7, 8, 9) [27]			
114	2 ea.	ET tubes uncuffed (2.5, 3, 3.5, 4, 4.5, 5, 5.5) [27]			
115	1 ea.	flexible trachael tube guide (**OPTIONAL**)			
116	2 ea.	adult stylette [27]			
117	2 ea.	pediatric/infant stylette [27]			
118	2 ea.	roll 1" medical tape			
119	2 ea.	10 cc syringes			
120	1 ea.	large Magill forceps			
121	1 ea.	small Magill forceps			
122	1 ea.	water soluble lubricant (1 tube or 6 packs)			
123	1 ea.	end tidal carbon dioxide detector (electronic or colormetric) pediatric and adult[31]			
124	1 set	non-latex pharyngeal tube airway device (all sizes per protocol)			
125	1 ea.	ET tube holders			
126	1 ea.	suction device for meconium			
127	1 ea.	BAAM (Beck Airway-Airflow Monitor)			
128	1 ea.	esophageal detection device (**OPTIONAL**)			

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Line #	No. Of Items	Description	Pass	Fail	Notes
		Oxygen Supplies			
129	2 ea.	adult nasal cannula			
130	2 ea.	adult non-rebreather			
131	2 ea.	pediatric nasal cannula			
132	2 ea.	pediatric non-rebreather			
133	1 ea.	adult (1000-1200 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
134	1 ea.	transparent adult face mask			
135	1 ea.	child (750 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
136	1 ea.	infant (450-500 mL) hand-operated, self re-expanding, bag resuscitator without a pop-off valve or with a selectable pop-off valve			
		an oxygen inlet			
		reservoir tube			
137	1 set	pediatric transparent face masks (neonate through small adult; a set is 4 sizes)			
138	1 set	oropharyngeal airways (newborn through large adult; a set is 6 sizes)			
139	1 set	nasopharyngeal airways (18F through 34F; a set is 6 sizes)			
		Portable Oxygen Kit			
140	2 ea.	medical oxygen cylinder with at least 300 L capacity ("E," "D," or Super D Size) (#1) YEAR _____ PSI _____ (#2) YEAR _____ PSI _____			
		all portable bottles must be secured to current standards			
		cylinder properly color-coded (green = steel, unpainted = brushed metal for aluminum or stainless steel)			
		free of grease, oil, or other flammable organic material			
		passed hydrostatic testing within the past 5 years [7]			
		regulator shall have a pressure gauge to indicate the pressure of oxygen remaining in the cylinder (not gravity dependent) [22]			
		a variable flow valve and a flowmeter capable of delivering at least 15 LPM, with a dial-down rate to a minimum of 2 LPM			
		accurate within 1.5 LPM when setting between 6 & 10 LPM TEST READING OF _____LPM WHEN FLOWMETER SET @ 10 LPM (8.5 - 11.5 LPM)			
		accurate within 2 LPM when setting equal to or greater than 15 LPM TEST READING OF _____LPM WHEN FLOWMETER SET @ 15 LPM (13 - 17 LPM)			

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Line #	No. Of Items	Description	Pass	Fail	Notes
		Portable Suction Unit			
141	1 ea.	portable suction unit, battery-powered, capable of operating continuously under suction for at least 20 minutes with a rigid suction tip			
		must be able to develop 11.81 inches of water vacuum (300 mm/Hg) within 4 seconds of clamping TEST READING @ 4 sec. _____in/Hg			
		a free air flow of at least 20 LPM at the end of the suction tube TEST READING _____ LPM			
142		assorted catheters 6F-16F & rigid suction tips [12]			
		Immobilization Equipment (OPTIONAL)			
143	2 ea.	full spinal immobilization device that meets OSHA standards (OPTIONAL) [15]			
144	1 ea.	half spinal immobilization device that meets OSHA standards (OPTIONAL) [15]			
145	6 ea.	9' straps or equivalent to immobilize 2 patients on long boards [16] (OPTIONAL)			

Maryland Voluntary Ambulance Inspection Definitions & Guidelines

Pre-Inspection Information

All reusable items, especially those that most often must be left with the patient at a hospital (boards, straps, etc.), must be clearly marked, due to the fact that patients are often transported to trauma and specialty centers outside the immediate response area. The following minimum information is required if the equipment is to be accounted for and returned to service promptly: 1) Company Name/number (not just initials); 2) Jurisdiction.

Personal Protective Equipment (PPE)

Each riding member will have his/her own PPE. Should this not be available, the company will supply suitable gear for members responding on that call. This PPE shall meet the requirements stated within "Maryland Fire Service Health and Safety Consensus Standard, January 1, 2002. (Section .08): provide PPE to its members commensurate with the level of hazard and response expected."

Non-Latex Equipment

All personal protective equipment and patient care equipment and supplies must be non-latex.

Positive Pressure Demand Valve Resuscitator

Positive Pressure Demand Valve Resuscitators are discouraged. If you have a positive pressure demand valve resuscitator, it will be inspected to ensure proper working order. There needs to be a constant flow rate of 100% oxygen at 40 LPM (plus or minus 10% error). The inspiratory pressure relief valve must open at 60cm H_2O (plus or minus 10% error).

Safety

To prevent injury resulting from the recognized hazard of loose items in the patient compartment, we are providing the following information. It is intended that this information assist you when storage of items in the patient compartment becomes an issue. Delivering EMS requires the use of many individual items of medical equipment and supplies. Ambulance manufacturers and retrofitters do not consistently provide engineered storage for these items. Items may therefore be loosely stored in the patient compartment, becoming projectiles in the event of a near miss, collision, or rollover. It is recommended that all loose items not actively in use for patient care shall be stored in a crashworthy fashion. All loose items of greater than nominal weight shall be stored within positively latching compartments with latches and hinges bolted through the frame or otherwise restrained in a crashworthy fashion. Crashworthy systems may not incorporate distensible components such as rubber straps or hook-and loop (e.g., Velcro™) fasteners. The inspector's test for crashworthiness of retention systems other than those governed by an existing standard (e.g., Ambulance Manufactures' Division oxygen cylinder retention standard 003) shall be whether the item can be removed from place without unlatching or unbuckling the retention system. "Crashworthy" shall be defined as meaning that supplies, equipment, oxygen systems, patient litters, and wheelchairs will remain in place during a serious collision or vehicle rollover. ***Please refer to the Appendix on page 30 of this document for more information.***

Equipment Footnotes

The numbers correspond with the footnote numbers on the equipment checklist forms.

1.	Hypoallergenic tape	Usually only the original carton will be labeled as being hypoallergenic; therefore, OIC will determine if it is.
2.	Cravats	If not commercially prepared and packaged, the minimum size is 36"x 36".
3.	N95 Respirator	N95 needs to be fit tested for a proper fit.
4.	Penlights	Should be disposable, AA or AAA type.
5.	Maryland Triage Tag Kit	Should include 25 Maryland triage tags (current) enough (red, yellow, green, and black ribbon) to triage 25 patients. This kit should also include the paper work to be used with the barcodes in the treatment areas and transportation areas.
6.	Oxygen	Portable tanks must have at least 300 psi. Portable tanks must be in DOT crash-stable brackets (if located in the patient compartment) and the bracket must be secured with nut and bolt assembly. Printed material regarding the importance and the specifications of these brackets may be obtained from your local MIEMSS Regional Office. Cup and yolk assemblies are acceptable if stored inside a secured (latched) cabinet. When the ambulance is in motion, all portable bottles should be secured.
7.	Cylinders (all sizes)	Steel cylinders with a stamped hydrostatic test date followed by a star is acceptable for 10 years. Without any symbol, it is good for 5 years. An aluminum cylinder is good for 5 years.
8.	Oxygen	On-board tanks must have at least 300 psi.
9.	Line pressure	On-board regulator should read 50 psi; if it is less than or greater than 50 psi, it should be plus or minus by 10psi. The gauge may be adjusted if possible or the OIC will be notified.
10.	Road Triangles	Flares are not an acceptable substitute.
11.	Vehicle stabilization devices	A set consists of 2 wooden blocks or a set obtained commercially.
12.	Suction catheters	Assorted sizes: one must be between 6 and 12 fr. AND one between 12 and 16 fr.
13.	Stretcher mattress & pillow	Split or torn mattresses are unacceptable. Moisture-proof protective covers shall be provided for the mattress and for any reusable pillows.
14.	Stair chair	If it is stored in the patient compartment, it must be secured with non elastic straps. Loose, heavy objects or equipment not secured in the patient compartment could cause injury if the ambulance is in a crash.
15.	Backboards	If wooden, must be free of splinters, cracks, gouges, or sharp edges that could cause injury or harbor bloodborne pathogens.
16.	9 ft. strap	Any equivalent is acceptable. Backboards with clips may use shorter straps as long as the scoop stretcher also has its own straps.
17.	Board splints	Cloth splints are not acceptable unless they are disposable and clean. IV arm boards are not acceptable as splints. Split or torn splints are unacceptable.

18.	5 lb. fire extinguisher	Should be tagged indicating service date; if new, check label or bottom of cylinder for date. Must be mounted or secured to prevent injury or accidental discharge; may be mounted in outside compartment.
19.	Sharps container	Must be secured to prevent spilling. In BLS units they may be stored in a cabinet. In ALS units they must be in an area that allows easy access (this may be in a cabinet if easily accessible). For further information, see *Bloodborne Facts: Protect Yourself When Handling Sharps* (their website is located at: http://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact02.pdf) and *Exposure to Blood: What Healthcare Personnel Need to Know* (their website is located at: http://www.cdc.gov/HAI/pdfs/bbp/Exp_to_Blood.pdf).
20.	Portable Suction	As of 10/1/2009: Res-Q-Vac® is one manufacturer that will meet this standard. There are other manufacturers that will meet the testing standard, but currently do not offer the full range of catheters.
21.	Gastric tubes	Feeding tubes are acceptable. Suction catheters (usually #8) are acceptable if thumb hole can be occluded. Minimum of 3 sizes recommended.
22.	Oxygen Regulator	Can be separate or in combination with oxygen pressure gauge.
23.	Oxygen Regulator	Can be separate or in combination with oxygen reduction valve.
24.	Medications	All medications and IV solutions should be within the manufacturer's expiration date.
25.	Dopamine	Premixed bags are acceptable.
26.	Controlled Access	DEA controlled substances (Fentynal, morphine, and midazolam) must be under double lock. This approach may take a number of forms reflective of operating requirements, but should be approached systematically. Inventory control tags are not an acceptable locking mechanism.
27.	Items with Expiration Dates	All medical supplies should be within the manufacturer's expiration date.
28.	Pneumothorax Kit	Kit must include a 12 or 14 gauge catheter, Heimlich valve, appropriate connecting tubing, and skin preparation materials. An Asherman chest seal is not acceptable.
29.	Linen	Freshly laundered or disposable linen will be acceptable.
30.	Child Safety Seat	FMVSS-213 must be printed on the manufacturer's label. Devices compliant with NHTSA 2012 are also acceptable.
31.	Colormetric CO_2 Devices	Colormetric CO_2 devices will be replaced on all ALS units with a wave form capnograph by 2015 for all secured airway patients.
32.	AEDs	All AEDs purchased after January 1, 2010 must be pediatric capable. All AEDs on EMS transport units must be pediatric capable as of July 1, 2014; AEDs on **ALL** response units must be pediatric capable by July 1, 2016.
33.	Required Documents	Required documents must be current and may be either a print or electronic version. All should be easily accessible from the patient compartment. The pocket version of the Maryland Medical Protocols for EMS Providers is **not** acceptable.
34.	PDR or Equivalent	This is optional; however, must be current within two years. May be electronic.
35.	Pulse oximetry may be integrated with cardiac monitor.	

36.	Cardiac monitor	Shall have synchronized cardioversion and pacing capabilities.
37.	Pediatric IV Arm Boards	Fluid resistant or disposable padded board with a maximum width of 2".
38.	Hemostatic impregnated dressing	All hemostatic dressings must be impregnated with either chitosan or kaolin. Additionally, dressings must be in the form of either roller gauze or trauma dressings (2x2 and/or 4x4 dressings are not acceptable). Granular or gel based products applied directly to a wound are **not** acceptable.
39.	Epinephrine	Epinephrine for BLS may be carried in one of the following forms: the auto-injector or with approval and completed training meeting the optional supplemental epinephrine 1:1,000 protocol (preloaded syringe, or in single use vial containing one mg in one mL).
40.	Packaging	Packaging of medications or IV solutions may vary, but quantities must be met.
41.	Pediatric Reference Guide	This guide must include equipment and medication dosage based upon age or length, such as chart or tape. It must also include current AHA Pediatric Guidelines.
42.	EpiPens	If a unit is dedicated as ALS, EpiPens are not required. If the unit is used as a BLS and ALS unit, EpiPens or equivalent must be carried (See footnote 39).
43.	Biohazard Items	This item should be provided for each seated position on the unit with a minimum number of two.
44.	AED	Required for the BLS First Responder certification if a monitor/defibrillator is not assigned to the unit. To be considered an ALS Engine, a monitor/defibrillator must be assigned to the unit.
45.	*This footnote intentionally left blank*	
46.	IV/Medication Delivery	Needleless system and safe sharps recommended.
47.	BLS Equipment Requirements	If a unit is in service and staffed exclusively as an ALS ambulance, epinephrine 1:1000 and cardiac monitor supersede BLS adult/pediatric epinephrine auto-injector and AED requirements.
48.	12-Lead acquisition device	Must be available on all ALS transport units. This applies to chase cars or ALS engines if these units are used to upgrade a BLS unit making it an ALS transport unit.
49.	Appropriate disinfectant	Solutions are effective against bloodborne pathogens and those present in other potentially infectious materials as defined by OSHA. These pathogens include, but are not limited to, hepatitis B virus (HBV), human immunodeficiency virus (HIV) and M. tuberculosis (TB).
50.	Sphygmomanometers	Aneroid blood pressure cuffs that are greater than one year old should be calibrated by a trained technician at least annually and more often if: 1. Recommended by the manufacturer, or 2. Subjected to rough handling.
51.	*This footnote intentionally left blank*	
52.	Gloves	Must meet the emergency medical examination glove requirements of NFPA 1999, Standard on Protective Clothing for Emergency Medical Operations, 2013 edition. http://www.nfpa.org/.

53.	Glucometer Supplies	Kit must include lancets, test strips, alcohol wipes, and band-aids.
54.	*This footnote intentionally left blank.*	
55.	Climate Control System	Patient compartment air conditioner should be blowing at a temperature of at least 65 degrees or lower at the air vents.

Appendix

Any vehicle purchased after the adoption of this document must be compliant with the most current KKK-Standard.

Federal Specification for the Star-of Life Ambulance KKK-A-1822F, August 1, 2007
http://www.ntea.com/WorkArea/downloadasset.aspx?id=1352

3.11.1.1 *Supplies, devices, tools, etc., shall be stored in enclosed compartments and drawers designed to accommodate the respective items. All medical devices and equipment shall be stowed or properly fastened in/on the action area according to the medical device manufacturer's directions.*

OSHA - http://www.osha.gov

- **Bloodborne Pathogens;**
  1910.1030(d)(4)(ii)(A) - Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the work shift if the surface may have become contaminated since the last cleaning.

- **Sharp Container Standards;**
  1910.1030(d)(4)(iii)(A)(2) - During use, containers for contaminated sharps shall be:
  1910.1030(d)(4)(iii)(A)(2)(i) - Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);
  1910.1030(d)(4)(iii)(A)(2)(ii) - Maintained upright throughout use; and
  1910.1030(d)(4)(iii)(A)(2)(iii) - Replaced routinely and not be allowed to overfill.

- **Respiratory protection**
  29 CFR 1910.134(a)(2) -Respirators shall be provided by the employer when such equipment is necessary to protect the health of the employee. The employer shall provide the respirators that are applicable and suitable for the purpose intended. The employer shall be responsible for the establishment and maintenance of a respiratory protection program, which shall include the requirements outlined in paragraph (c) of this section.

Personal Notes